

## **MEDICAL CONDITIONS ELIGIBILITY CRITERIA**

This list is not exhaustive, Please contact CSH with questions and/or concerns (307) 777-7941

CONDITIONS	REMARKS
ADD/ADHD	Dx evaluation to establish diagnosis and One (1) follow-up ONLY
Adenoidectomy	Call CSH Office for approval. See Tympanostomy Tubes Policy
Allergy testing/Allergies	NOT covered
Ancillary Services	See "Therapies"
Anemias and Autoimmune Diseases, Chronic	ONLY inherited or autoimmune conditions are covered. Individual consideration for chronic anemias given (Excludes AIDS)
Annular Granuloma	Dx evaluation to establish a diagnosis ONLY
Appendicitis	NOT covered
Asthma	Dx evaluation to establish a diagnosis ONLY
Autism, PDD	Covered, See Autism policy
Birthmarks, Significant Disfiguring	Covered (only if associated with more than cosmetic)
Broncho Pulmonary Dysplasia (BPD)	NOT covered
Cancer (Neoplasm)	Covered (May vary with limitation of CSH budget)
Central Nervous System (CNS), Hereditary and Degenerative Diseases	Covered
Central Nervous System (CNS), Inflammatory Diseases of	ONLY rehabilitation services are covered
Central Nervous System (CNS), Other Disorders of	Excludes acute episodes, acute trauma, and infections
Circulatory System	Dx evaluation to establish a diagnosis ONLY
Cochlear Implants	<b>Pre-Authorization Required</b> , Follow Medicaid guidelines

Congenital Abnormalities or Malformations of Digestive System (i.e. Gastroschisis, Omphalocele)	Covered
Congenital Anomalies	Covered
Congenital Diseases of the Respiratory System (Includes Tracheoesophageal Fistula)	Covered
Cystic Fibrosis	Covered, See CF policy
Diabetes Mellitus Type I	Covered, See Diabetes Mellitus Type I Policy
Digestive System	Dx evaluation to establish a diagnosis ONLY
Digestive System, Other Diseases of	Celiac Disease and Genetic Malabsorption Syndrome are covered
Disorders of the Breast	Cases covered individually
Ear and Mastoid Process	Excludes acute conditions and episodes
Enuresis or Encopresis	NOT covered
Eye and Adnexa	NO visual acuity problems covered. See Visual Conditions Policy
Failure to Thrive	Dx evaluation to establish diagnosis, Follow-up covered depending upon findings
Gastroesophageal Reflux	Will cover if associated with CP or other significant condition, or if surgery is required
Hemophilia (includes variants); Hemoglobinopathies	See Hemophilia Policy
Hernia of Abdominal Cavity	Call CSH for approval
Hernia, Inguinal	NOT covered, unless having surgery for undescended testes
Hernia, Umbilical	If unresolved after 1 year, contact CSH for coverage
Hydrocephalus	Covered
Immune and Autoinflammatory Disease of Digestive System	Covered (Crohn's Disease is covered, Irritable Bowel Syndrome (IBS) is NOT covered)
Juvenile Rheumatoid Arthritis and Associated Conditions	Covered, See JIA policy
Kidney Failure	Renal Dialysis and/or medications are NOT covered
Learning and Behavioral Problems	Dx evaluation to establish a diagnosis and One (1) follow-up ONLY

Lung Disease, Chronic	NOT covered
Medical Equipment	Limited coverage, Contact CSH
Mental Health and Counseling	Dx evaluation to establish a diagnosis ONLY
Nephrotic Syndrome and Nephrosis	Covered
Obstructive Pulmonary Disease and Associated Conditions, Chronic	NOT covered
Osteogenesis Imperfecta	See OI policy
Osteopathies, Chondrophathies, and Acquired Musculoskeletal Deformities	Covered if NOT acute conditions or episodes
Other Clotting Disorders	Dx evaluation to establish a diagnosis ONLY
Otitis Media (Tympanostomy Tubes), Chronic	See Tympanostomy Tubes Policy
Pigmented Nevi Congenital and other Premalignant Lesions	Covered
PKU	Will provide PKU formula at cost, will cover follow-up at PKU Clinics and needed blood work
Pneumoconiosis and other Lung Diseases due to External Agents	NOT covered
Pneumonia and Influenza	NOT covered
Prematurity	NOT covered
Primary Growth Hormone Deficiency	NOT covered
Raynaud's	Dx evaluation to establish a diagnosis ONLY
Repair of Tympanic Membrane Perforation	Covered
Respiratory System, Other Diseases of	Dx evaluation to establish a diagnosis ONLY
Respite Care and Associated Services	NOT covered
Seizure Disorder	Covered, See Convulsive Disorders policy (Excludes Febril Seizures)
Sleep Apnea	Sleep Study REQUIRED for confirmation of obstruction, Closed after release from Surgeon

Therapy Services (PT, OT, ST)	Pre-approval by CSH ONLY. Limited coverage up to 8 weeks post-surgery (Not meant for on-going therapies)
Tonsillectomy	NOT covered
Tracheonstenosis and Associated Conditions	Covered
Transplants	Covered prior to and after discharge, surgery is NOT covered
Travel Assistance	Limited coverage, Contact CSH
Undescended testes	Covered, Non-retractable
Urinary System, Malformation of	Covered (Acute conditions or episodes NOT covered)
Urinary Tract Infections and Follow-up related to Reflux and Malformation	NOT covered, unless chronic
Visual	See Visual policy
Vision Therapy	NOT covered
Tourette's Syndrome	NOT covered
Oxygen	NOT covered
Developmental Delay/Mental Retardation/Global Developmental Delay	Speech/Language Delay NOT covered